

LAWRENCE LIVERMORE NATIONAL LABORATORY
National Resource for
Biomedical Accelerator Mass Spectrometry

Bldg.: 361 Mail Stop: L-452 Ext.: 26796

COOPERATIVE STUDIES

VERTEBRATE ANIMAL USE NOTIFICATION AND APPROVAL

Vertebrate animal tissues provided by an investigator who is not an employee of LLNL and where the animal research is not conducted or funded at LLNL, may not be received by LLNL until appropriate documentation of current review and approval by an Institutional Animal Care and Use Committee (IACUC) has been provided to LLNL.

Attached is the form for cooperative work between the National Resource for Biomedical Accelerator Mass Spectrometry at LLNL and another non-LLNL investigator.

This form needs to be completed by the requesting investigator and submitted along with a copy the letter giving institutional animal use committee approval for the proposed use of vertebrate animals, as noted on the form. Electronic versions of this form are available on the BioAMS website: <http://bioams.llnl.gov/>, or may be obtained by contacting the BioAMS Resource Administrator @ 925-422-6796 or by E-mail @ clark75@llnl.gov. Questions regarding this form should be addressed to the Administrator.

LAWRENCE LIVERMORE NATIONAL LABORATORY
National Resource for
Biomedical Accelerator Mass Spectrometry
(AMS)

VERTEBRATE ANIMAL USE NOTIFICATION AND APPROVAL

To be completed by non-LLNL investigators when animals in a study are not housed at LLNL and the study is not funded at LLNL. Attach this form and copies of documentation of approval of the proposed studies from the institution's committee for oversight of vertebrate animal research to an Application for Access to the Resource. Send the completed forms to the Resource Administrator, Germaine Clark, L-452, LLNL, PO Box 808, Livermore, CA 94551. The Chairperson of the LLNL Institutional Animal Care and Use Committee (IACUC) will review the information and approval documentation for compliance with LLNL policies. A copy will be kept on file in the LLNL IACUC office for informational purposes only.

Investigator Name :	Phone Number:	
FAX:	E-mail:	
Institution Name:		
Address:		
Animal Use Protocol Title:		
Protocol #:	Approval Date:	Expiration Date:
(Additional Information):		

Institutional Animal Care and Use Committee, Animal Welfare Assurance No.:		
Committee Chairman (or person to contact if additional information is needed):		
Name:	Phone:	
	FAX:	
	E-mail:	

LLNL AMS RESOURCE	Project No:	
Species of Animal:	No. Samples/yr.:	Start Date:
Strain of Animal:	No. of Animals:	

LLNL AMS Manager/Administrator:

Date

LLNL IACUC Chairperson:

Date